155.

Attorney Docket No. 5999-0511PUS3

## BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

# COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: TETRAZOLE COMPOUNDS AND THEIR USE AS METABOTROPIC GLUTAMATE RECEPTOR Insert Title: ANTAGONISTS the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following: \_\_ as United States Application Number \_\_ Fill in Appropriate 08/08/2006 The specification was filed on \_\_\_ Information -(if applicable) and/or 08/08/2006 and amended on \_ 02/17/2005 as PCT International Application Number PCT/US2005/005217; For Use Without the specification was filed on \_ Specification (if applicable) and was amended on I hereby state that I have reviewed and understand the contents of the above-identified specification, including the Attached: claims, as amended by any amendment referred to above.

1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. I do not know and do not believe the same was ever known or used in the United States of America before my or I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows except as follows. I hereby claim foreign priority benefits under Title 35, United States Code, \$119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed Priority Claimed Prior Foreign Application(s) Insert Priority Yes (Month/Day/Year Filed) Information (Country) (Number) (if appropriate) (Month/Day/Year Filed) (Country) (Number) (Month/Day/Year Filed) (Country) (Number) (Month/Day/Year Filed) (Country) (Number) I hereby claim the benefit under Title 35, United States Code, \$119(e) of any United States provisional applications(s) listed below. February 18, 2004 60/545,291 Insert Provisional (Filing Date) Application(s): (Application Number) (if any) (Filing Date) (Application Number) All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application: Date of Filing (Month/Day/Year) Application Number Insert Requested Country Information (if appropriate) I hereby claim the benefit under Title 35, United States Code, \$120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, \$112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, \$1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. Insert Prior U.S. (Status - patented, pending, abandoned) (Filing Date) Application(s): (Application Number) (if any) (Status - patented, pending, abandoned) (Filing Date) (Application Number)

(Rev. 05/2004)

I hereby appoint the practitioners at CUSTOMER NO. 54080 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

# CUSTOMER NO. 54080; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

| PLEASE NOTE |
|-------------|
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| THE         |
| FOLLOWING:  |
|             |

l hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| FOLLOWING: a  | application or any patent issued thereon.   |  |                                   |
|---|---|--|-----------------------------------|
| ·   |   | INVENTOR'S SIGNATURE   | DATE*                             |
| rull Name of First or Sole Inventor; nsert Name of Inventor → | GIVEN NAME/FAMILY NAME<br>Martin JOHANSSON  | INVENTOR SIGNATURE   | CITIZENSHIP                       |
| insert Date This Document is Signed                           | Residence (City, State & Country)   |  | Sweden                            |
| Insert Residence  | Lund, Sweden MAILING ADDRESS (Complete Street Addre                                 | ess including City, State & Country)   |                                   |
| Insert Post Office<br>Address →                               | Respiratorius, Magistratsvägen 10, SE-226 43  | Luna, Sweden   | DATE:                             |
| Full Name of Second<br>Inventor, If any:<br>see above         | GIVEN NAME/FAMILY NAME<br>Alexander MINIDIS   | INVENTOR'S SIGNATURE   | DATE* Sept 15 14 dag6 CITIZENSHIP |
|   | Residence (City, State & Country)<br>Södertälje, Sweden                             |  | Sweden                            |
|   | MAILING ADDRESS (Complete Street Addr<br>AstraZeneca R&D Södertälje, SE-151 85 Söde | ertalje, Sweden  |                                   |
|   | GIVEN NAME/FAMILY NAME  | INVENTOR'S SIGNATURE   | DATE*                             |
| Full Name of Third<br>Inventor, if any:<br>see above          | Karin STAAF   | Karry Staut  | Scp+ 15th 200                     |
|   | Residence (City, State & Country)<br>Södertälje, Sweden                             |  | Sweden                            |
|   | MAILING ADDRESS (Complete Street Addr<br>AstraZeneca R&D Södertälje, SE-151 85 Söde | ertaije, Sweden  |                                   |
| Full Name of Fourth<br>Inventor, if any:<br>see above         | GIVEN NAME/FAMILY NAME<br>David WENSBO  | INVENTOR'S SIGNATURE   | DATE* Sep 15 2-4                  |
|   | Residence (City, State & Country)<br>Södertälje, Sweden                             |  | Sweden                            |
|   | MAILING ADDRESS (Complete Street Add<br>AstraZeneca R&D Södertälje, SE-151 85 Söd   | lress including City, State & Country)<br>Iertälje, Sweden                   |                                   |
| Full Name of Fifth<br>Inventor, if any:                       | GIVEN NAME/FAMILY NAME Donald MCLEOD  | INVENTOR'S SIGNATURE   | DATE*                             |
| see above   | Residence (City, State & Country)   |  | CITIZENSHIP<br>US                 |
|   | Salt Lake City, Utah  MAILING ADDRESS (Complete Street Add                          | dross including City State & Country   | )                                 |
|   | c/o NPS Pharmaceuticals, Inc.; 383 Colorov  | w Drive; Salt Lake City, Utah 84108  |                                   |
| Full Name of Sixth<br>Inventor, if any:<br>see above          | GIVEN NAME/FAMILY NAME<br>Louise EDWARDS  | INVENTOR'S SIGNATURE   | DATE*                             |
| see above   | Residence (City, State & Country) Toronto, CANADA                                   |  | CITIZENSHIP<br>Canada             |
|   | MAILING ADDRESS (Complete Street Ad   | dress including City, State & Country<br>8th Floor, Toronto, Ontario M5G 1L8 | v)<br>3; CANADA                   |

(Rev. 05/2004) Page 2 of 3 ADM/clb

<sup>\*</sup>DATE OF SIGNATURE

| _  |   | INVENTOR'S SIGNATURE   | DATE*          |  |  |  |
|--|---|--|----------------|--|--|--|
| THE PARTIE OF SEVERICE                               | GIVEN NAME/FAMILY NAME  | INVENTORSSIGNATORE   |                |  |  |  |
| Inventor, if any:<br>see above                       | Methvin ISAAC   |  | CITIZENSHIP    |  |  |  |
|  | Residence (City, State & Country)   |  | Canada         |  |  |  |
|  | Toronto, CANADA   | - Luding City State of Country)  |                |  |  |  |
| į  | MAILING ADDRESS (Complete Street Add                                      | ress including City, State & Country)  | PANADA         |  |  |  |
|  | c/o NPS Allelix Corp.; 101 College Street, 8t                             | th Floor, Toronto, Ontario MSG 118; C  | TATALINE T     |  |  |  |
| Full Name of Eight                                   | GIVEN NAME/FAMILY NAME  | INVENTOR'S SIGNATURE   | DATE*          |  |  |  |
| Inventor, if any:<br>see above                       | Anne O'BRIEN  |  | CITIZENSHIP    |  |  |  |
|  | Residence (City, State & Country)   |  | Canada         |  |  |  |
|  | Toronto, Canada   |  |                |  |  |  |
|  | MAILING ADDRESS (Complete Street Add                                      | lress including City, State & Country)   | CANADA         |  |  |  |
|  | c/o NPS Allelix Corp., 101 College Street, 8                              | th Floor; Toronto, Ontario M5G 1L8;  | CANADA         |  |  |  |
|  | GIVEN NAME/FAMILY NAME  | INVENTOR'S SIGNATURE   | DATE*          |  |  |  |
| Full Name of Ninth<br>Inventor, if any:<br>see above | AbdeImalik SLASSI   |  |                |  |  |  |
| 366 200-6  | Residence (City, State & Country)   |  | CITIZENSHIP    |  |  |  |
|  | Toronto, Canada   |  | Canada         |  |  |  |
|  | MAILING ADDRESS (Complete Street Ad-                                      | dress including City, State & Country)   |                |  |  |  |
|  | c/o NPS Allelix Corp.; 101 College Street,                                | 8th Floor; Toronto, Ontario M5G 1L8;   | CANADA         |  |  |  |
|  | GIVEN NAME/FAMILY NAME  | INVENTOR'S SIGNATURE   | DATE*          |  |  |  |
| Full Name of Tenth<br>Inventor, If any:              | Tao XIN   |  |                |  |  |  |
| see above  | Residence (City, State & Country)   |  | CITIZENSHIP    |  |  |  |
|  | Woodbridge, Canada  |  | Canada         |  |  |  |
|  | MAILING ADDRESS (Complete Street Address including City, State & Country) |  |                |  |  |  |
|  | c/o NPS Allelix Corp.: 101 College Street.                                | c/o NPS Allelix Corp.; 101 College Street, 8th Floor; Toronto, Ontario M5G 1L8; CANADA |                |  |  |  |
|  |   | INVENTOR'S SIGNATURE   | DATE*          |  |  |  |
| Full Name of<br>Eleventh                             | GIVEN NAME/FAMILY NAME  | 11,121,121,131   |                |  |  |  |
| Inventor, if any:<br>see above                       | Residence (City, State & Country)   |  | CITIZENSHIP    |  |  |  |
|  | Residence (City, State & Country)   |  |                |  |  |  |
|  | MAILING ADDRESS (Complete Street A  | ddress including City, State & Countr  | y)             |  |  |  |
|  | MAILING ADDRESS (Complete Street A  | dates meraning day,  | <del>.</del> . |  |  |  |
|  |   | TO THE TOP OF CALL AND INC.  | DATE*          |  |  |  |
| Full Name of Twelfth                                 | GIVEN NAME/FAMILY NAME  | INVENTOR'S SIGNATURE   |                |  |  |  |
| Inventor, if any:<br>see above                       |   |  | CITIZENSHIP    |  |  |  |
|  | Residence (City, State & Country)   |  |                |  |  |  |
|  |   | 11 including City State & County   | rv)            |  |  |  |
|  | MAILING ADDRESS (Complete Street Address including City, State & Country) |  |                |  |  |  |
|  |   |  | DATE*          |  |  |  |
| Full Name of<br>Thirteenth                           | GIVEN NAME/FAMILY NAME  | INVENTOR'S SIGNATURE   | DATE           |  |  |  |
| Initteenth<br>Inventor, if any:<br>see abov          | ve  |  | CITIZENSHIP    |  |  |  |
|  | Residence (City, State & Country)   |  | CITIZENOITH    |  |  |  |
|  |   |  |                |  |  |  |
|  | MAILING ADDRESS (Complete Street A  | Address including City, State & Count  | шуј            |  |  |  |
|  |   |  |                |  |  |  |
|  |   |  |                |  |  |  |

\*DATE OF SIGNATURE

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## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named

|   | below) or an original, first a<br>claimed and for which a par   | and joint inventor  | (if plural inventor   | s are named   | below) of the subject   | ct matter w  | hich is   |
|---|---|---|---|---|---|--|---|
| nsert Title:  | TETRAZOLE COMPOUND  | S AND THEIR US  | SE AS METABOTR  | OPIC GLUT   | AMATE RECEPTOR  | R ANTAGO   | NISTS   |
|   | the specification of which is docket number as set forth a  | s attached hereto.<br>above and/or the f  | If not attached he following:   | ereto, the ap   | plication is identifie  | d by the a   | ttorney   |
| Fill in Appropriate<br>Information –                | The specification was filed   | on <u>08/08/200</u>   | 6 as United St  | ates Applica  | ition Number  |  | ;   |
| niom adon –   | and amended on08/   | 08/2006 (if a   | applicable) and /or   |   |   |  |   |
| For Use Without                                     | the specification was filed or  | n <u>02/17/2005</u>   | as PCT Internat   | ional Applic  | ation Number <u>PCT/</u>  | /US2005/0  | 05217;  |
| Specification<br>Attached:                          | and was amended on  |   | (if applicable)   |   |   |  |   |
|   | I hereby state that I have  | ve reviewed and un  | derstand the conter   | nts of the abo  | we-identified specifica   | ation, includ  | ling the  |
|   | claims, as amended by any ar<br>I acknowledge the duty  | to disclose inform  | nation which is mat   | terial to pate  | ntability as defined in   | n Title 37,  | Code of   |
|   | Federal Regulations, §1.56. I do not know and do I our invention thereof, or pa thereof or more than one yea of America more than one yean inventor's certificate issue on an application filed by mprior to this application, and country foreign to the Unite | tented or described<br>r prior to this appli<br>ear prior to this app<br>de before the date<br>te or my legal repro | I in any printed put<br>ication, that the same<br>plication, that the in<br>if this application in<br>esentative or assign<br>for patent or inven | blication in a<br>le was not in<br>evention has in<br>a any country<br>is more than<br>etor's certifica | any country before m public use or on sale i not been patented or y foreign to the Unite twelve months (six n tte on this invention h | in the Unite<br>made the si<br>d States of a<br>months for<br>as been file | ed States<br>ubject of<br>America<br>designs)<br>d in any |
|   | except as follows   |   |   |   |   |  |   |
|   | I hereby claim foreign for patent or inventor's cert  | tificate listed below   | , and have also ide   | entified belo   | w any foreign applic  | reign appli<br>ation for p   | atent or  |
|   | inventor's certificate having   | a filing date before t  | that of the application   | on on which p   | oriority is claimed:  |  |   |
|   | Prior Foreign Application   | n(s)  |   |   | Pı  | riority Cla  | imed  |
| Insert Priority                                     |   |   |   | (A.f., 11.7)  | Des (Verr Eiled)  | Yes  | No  |
| Information<br>(if appropriate)                     | (Number)  | (Country)   |   |   | Day/Year Filed)   |  |   |
|   | (Number)  | (Country)   |   | (Month/   | Day/Year Filed)   | Yes  | No  |
|   | (Number)  | (Country)   |   | (Month/   | 'Day/Year Filed)  | Yes  | No  |
|   | (Number)  | (Country)   |   |   | 'Day/Year Filed)  | Yes  | No  |
|   | I hereby claim the benefit t<br>listed below.   | ander Title 35, Unit  | ted States Code, §1   | 19(e) of any  |   |  | ations(s)   |
| Insert Provisional                                  |   | 91  |   |   | February 18, 2004   |  |   |
| Application(s):<br>(if any)                         | (Application Number)  |   | (Filis  | ng Date)  |   |  |   |
|   | (Application Number)  |   | (Fili:  | ng Date)  |   |  |   |
|   | All Foreign Applications, i   | f any, for any Pate   | ent or Inventor's C   | ertificate File   | ed More than 12 Mo  | nths (6 Mo   | onths for   |
|   | Designs) Prior to the Filing I  | Date of This Applica  | ation:  |   |   |  |   |
| Insert Requested<br>Information<br>(if appropriate) | Country   |   | Application Nur   | nber  | Date of Filing (M   | lonth/Day  | / Year)   |
|   | I hereby claim the benefit including for continuation-ithis application is not discleparagraph of Title 35, Unite patentability as defined in Tof the prior application and   | n-part application(s<br>osed in the prior U<br>d States Code, §11:<br>Title 37, Code of Fed                         | s) listed below and,<br>nited States and/or<br>2, 1 acknowledge th<br>leral Regulations, §1   | , insofar as the<br>PCT applicate<br>to duty to dis<br>1.56 which be                                    | he subject matter of e<br>ation in the manner p<br>close information whi<br>ecame available betw                                      | each of the<br>provided by<br>ich is mater                                 | claims of<br>the first<br>rial to the                     |
| Insert Prior U.S.<br>Application(s):<br>(if any)    | (Application Number)  | (1  | Filing Date)  | (S  | tatus – patented, pen   | nding, abar  | idoned)   |
|   | (Application Number)  |   | Filing Date)  | <u>(S</u>   | tatus – patented, pen   | ıding, abar  | idoned)   |
|   | /   | `   |   |   | •   |  |   |

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I hereby appoint the practitioners at **CUSTOMER NO.** 54080 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

#### CUSTOMER NO. 54080; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| <b>+</b>  |  |                      |                       |
|---|--|----------------------|-----------------------|
| Full Name of First or Sole Inventor: Insert Name of Inventor Insert Date This | GIVEN NAME/FAMILY NAME<br>Martin JOHANSSON   | INVENTOR'S SIGNATURE | DATE*                 |
| Document is Signed  Insert Residence Insert Citizenship →                     | Residence (City, State & Country)<br>Södertälje, Sweden  |                      | CITIZENSHIP<br>Sweden |
| Insert Post Office<br>Address →   | MAILING ADDRESS (Complete Street Address including City, State & Country) c/o AstraZeneca R&D Södertälje; SE-151 85 Södertälje; SWEDEN |                      |                       |
| Full Name of Second<br>Inventor, if any:<br>see above                         | GIVEN NAME/FAMILY NAME<br>Alexander MINIDIS  | INVENTOR'S SIGNATURE | DATE*                 |
|   | Residence (City, State & Country)<br>Södertälje, Sweden  |                      | CITIZENSHIP<br>Sweden |
|   | MAILING ADDRESS (Complete Street Address<br>c/o AstraZeneca R&D Södertälje; SE-151 85 Söd  |                      |                       |
| Fuli Name of Third<br>Inventos, if any:<br>aee above                          | GIVEN NAME/FAMILY NAME<br>Karin STAAF  | INVENTOR'S SIGNATURE | DATE*                 |
|   | Residence (City, State & Country)<br>Södertälje, Sweden  |                      | CITIZENSHIP<br>Sweden |
|   | MAILING ADDRESS (Complete Street Address<br>c/o AstraZeneca R&D Södertälje; SE-151 85 Söd  |                      |                       |
| Full Name of Fourth<br>Inventor, if any:<br>see above                         | GIVEN NAME/FAMILY NAME<br>David WENSBO   | INVENTOR'S SIGNATURE | DATE*                 |
|   | Residence (City, State & Country)<br>Södertälje, Sweden  |                      | CITIZENSHIP<br>Sweden |
|   | MAILING ADDRESS (Complete Street Address<br>c/o AstraZeneca R&D Södertälje; SE-151 85 Söd  |                      |                       |
| Full Name of Fifth<br>Inventor, if any:<br>see above                          | GIVEN NAME/FAMILY NAME<br>Donald MCLEOD  | INVENTOR'S SIGNATURE | DATE* (\$74.1,200)    |
|   | Residence (City, State & Country)<br>Salt Lake City, Utah  |                      | CITIZENSHIP<br>US     |
|   | MAILING ADDRESS (Complete Street Address<br>c/o NPS Pharmaceuticals, Inc.; 383 Colorow Dr  |                      |                       |
| Full Name of Sixth<br>Inventor, if any:<br>see above                          | GIVEN NAME/FAMILY NAME<br>Louise EDWARDS   | INVENTOR'S SIGNATURE | DATE*                 |
|   | Residence (City, State & Country)<br>Toronto, CANADA   |                      | CITIZENSHIP<br>Canada |
|   | MAILING ADDRESS (Complete Street Address<br>c/o NPS Allelix Corp.; 101 College Street, 8th F   |                      | CANADA                |
|   |  |                      |                       |

<sup>\*</sup>DATE OF SIGNATURE

| Full Name of Seventh                            | GIVEN NAME/FAMILY NAME   | INVENTOR'S SIGNATURE              | DATE*       |  |  |
|---|--|-----------------------------------|-------------|--|--|
| Inventor, if any:<br>see above                  | Methvin ISAAC  |                                   |             |  |  |
|   | Residence (City, State & Country)  |                                   | CITIZENSHIP |  |  |
|   | Brampton , Canada  | !                                 | Canada      |  |  |
|   | MAILING ADDRESS (Complete Street Address   | including City, State & Country)  |             |  |  |
|   | c/o NPS Allelix Corp.; 101 College Street, 8th Floor; Toronto, Ontario M5G 1L8; CANADA |                                   |             |  |  |
| Full Name of Eight                              | GIVEN NAME/FAMILY NAME   | INVENTOR'S SIGNATURE              | DATE*       |  |  |
| tnventor, if any:<br>see above                  | Anne O'BRIEN   |                                   |             |  |  |
|   | Residence (City, State & Country)  |                                   | CITIZENSHIP |  |  |
|   | Toronto, Canada  |                                   | Canada      |  |  |
|   | MAILING ADDRESS (Complete Street Address   | including City, State & Country)  |             |  |  |
|   | c/o NPS Allelix Corp.; 101 College Street, 8th Flo                                     | oor; Toronto, Ontario M5G 1L8; C  | CANADA      |  |  |
| Futl Name of Ninth                              | GIVEN NAME/FAMILY NAME   | INVENTOR'S SIGNATURE              | DATE*       |  |  |
| Inventor, if any:<br>see above                  | Abdelmalik SLASSI  |                                   |             |  |  |
|   | Residence (City, State & Country)  |                                   | CITIZENSHIP |  |  |
|   | Mississauga, Canada  |                                   | Canada      |  |  |
|   | MAILING ADDRESS (Complete Street Address   | including City, State & Country)  |             |  |  |
|   | c/o NPS Allelix Corp.; 101 College Street, 8th Fl                                      | oor; Toronto, Ontario M5G 1L8; C  | CANADA      |  |  |
| Full Name of Tenth                              | GIVEN NAME/FAMILY NAME   | INVENTOR'S SIGNATURE              | DATE*       |  |  |
| Inventor, If any:<br>see sbove                  | Tao XIN  |                                   |             |  |  |
|   | Residence (City, State & Country)  |                                   | CITIZENSHIP |  |  |
|   | Woodbridge, Canada   |                                   | Canada      |  |  |
|   | MAILING ADDRESS (Complete Street Address including City, State & Country)              |                                   |             |  |  |
|   | c/o NPS Allelix Corp.; 101 College Street, 8th Fl                                      | oor; Toronto, Ontario M5G 1L8; C  | CANADA      |  |  |
| Full Name of<br>Eleventh                        | GIVEN NAME/FAMILY NAME   | INVENTOR'S SIGNATURE              | DATE*       |  |  |
| Inventor, If any:<br>see above                  | Tomislav STEFANAC  |                                   |             |  |  |
|   | Residence (City, State & Country)  |                                   | CITIZENSHIP |  |  |
|   | Burlington, Canada   |                                   | Canada      |  |  |
|   | MAILING ADDRESS (Complete Street Address   |                                   |             |  |  |
|   | c/o NPS Allelix Corp.; 101 College Street, 8th Fl                                      | loor; Toronto, Ontario M5G 1L8; C | CANADA      |  |  |
| Full Name of Twelfth<br>Inventor, if any:       | GIVEN NAME/FAMILY NAME   | INVENTOR'S SIGNATURE              | DATE*       |  |  |
| see above                                       |  | A                                 |             |  |  |
|   | Residence (City, State & Country)  |                                   | CITIZENSHIP |  |  |
|   |  |                                   |             |  |  |
|   | MAILING ADDRESS (Complete Street Address   | including City, State & Country)  |             |  |  |
|   |  |                                   |             |  |  |
| Full Name of<br>Thirteenth<br>Inventor, If any: | GIVEN NAME/FAMILY NAME   | INVENTOR'S SIGNATURE              | DATE*       |  |  |
| see above                                       | Paridames (Citas Chata & Commission  |                                   | CITIZENCLIB |  |  |
|   | Residence (City, State & Country)  |                                   | CITIZENSHIP |  |  |
|   | MAILING ADDRESS (Complete Standard Address   | including City Ct-t- 9 C 1        |             |  |  |
|   | MAILING ADDRESS (Complete Street Address   | including City, State & Country)  |             |  |  |
|   |  |                                   |             |  |  |

<sup>\*</sup>DATE OF SIGNATURE

#### BIRCH, STEWART, KOLASCH & BIRCH, LLP

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P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

#### COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named

|   | below) or an original, first a<br>claimed and for which a pat  | nnd joint inventor (  | if plural inventors a   | re named be  | elow) of the subje   | ct matter w   | vhich is  |
|---|--|---|---|--|--|---|---|
| Insert Title:                                       | TETRAZOLE COMPOUND   | S AND THEIR USI   | E AS METABOTROF   | PIC GLUTAN   | AATE RECEPTOI  | R ANTAGO  | ONISTS  |
|   | the specification of which i<br>docket number as set forth a   | s attached hereto.<br>bove and/or the fo  | If not attached here<br>bllowing:   | to, the appli  | cation is identifie  | ed by the a   | ttorney   |
| Fill in Appropriate                                 | propriate The specification was filed on 08/08/2006 as United States Application Number  |   |   |  |  | ;   |   |
|   | and amended on08/0   |   |   |  |  |   |   |
| For Use Without                                     | the specification was filed or   |   |   | nal Application  | on Number PCT  | /US2005/00  | 05217;  |
| Specification<br>Attached:                          | and was amended on   |   | (if applicable)   |  |  |   |   |
|   | I hereby state that I hav<br>claims, as amended by any ar<br>I acknowledge the duty  | e reviewed and und  | lerstand the contents o above.  |  |  |   |   |
|   | Federal Regulations, §1.56.  I do not know and do r our invention thereof, or pat thereof or more than one yea of America more than one yean inventor's certificate issue on an application filed by morior to this application, and   | not believe the same<br>tented or described<br>or prior to this applice<br>ar prior to this applid<br>before the date of<br>e or my legal repre-<br>that no application | was ever known or in any printed public ation, that the same valication, that the inverthis application in as sentative or assigns refer patent or inventor | used in the U<br>cation in any<br>was not in pul<br>ntion has not<br>ny country fo<br>nore than tw<br>'s certificate o | finited States of An country before mobilic use or on sale been patented or reign to the Unite elve months (six 10) this invention h | nerica befor<br>ny or our in<br>in the Unite<br>made the su<br>d States of a<br>nonths for c<br>as been filed | re my or<br>nvention<br>ed States<br>ubject of<br>America<br>designs)<br>d in any |
|   | country foreign to the Unite<br>except as follows.  I hereby claim foreign p<br>for patent or inventor's cert  | d States of America<br>priority benefits und  | prior to this applica<br>ler Title 35, United St  | tion by me or<br>ates Code, §1   | r my legal represe<br>19(a)-(d) of any fo  | entatives or<br>oreign applic   | assigns,  |
|   | inventor's certificate having a  | filing date before th   | at of the application of  | on which pric  | rity is claimed:   |   |   |
|   | Prior Foreign Applicatio   |   |   |  | P  | rio <u>rity</u> Cla   | imed  |
| Insert Priority                                     |  |   |   |  |  | لــا ـ  |   |
| Information<br>(if appropriate)                     | (Number)   | (Country)   |   | (Month/Da  | y/Year Filed)  | Yes   | No  |
|   | (Number)   | (Country)   |   | (Month/Da  | y/Year Filed)  | Yes   | No  |
|   | (Number)   | (Country)   |   | (Month/Da  | y/Year Filed)  | Yes   | No  |
|   | (Number)   | (Country)   |   | (Month/Da  | y/Year Filed)  | Yes   | No  |
|   | l hereby claim the benefit u listed below.   | nder Title 35, Unite  | ed States Code, §119(   | e) of any Un   | ited States provisi  | onal applic   | ations(s)   |
| Insert Provisional                                  | 60/545,29  | 91  | -   |  | ebruary 18, 2004   |   |   |
| Application(s):<br>(if any)                         | (Application Number)   |   | (Filing   | Date)  |  |   |   |
|   | (Application Number)   |   | (Filing   | Date)  |  |   |   |
|   | All Foreign Applications, if<br>Designs) Prior to the Filing I   | any, for any Pater<br>Date of This Applicat   | nt or Inventor's Cert<br>ion:   | ificate Filed  | More than 12 Mo  | nths (6 Mc  | onths for   |
| Insert Requested<br>Information<br>(if appropriate) | Country  |   | Application Numb  | er<br>   | Date of Filing (M  | lonth/Day,  | /Year)  |
| In cash Daine II C                                  | I hereby claim the benefit including for continuation-in this application is not disclet paragraph of Title 35, United patentability as defined in T of the prior application and the prior application and the second seco | n-part application(s)<br>osed in the prior Un<br>d States Code, §112<br>itle 37, Code of Fede   | listed below and, in<br>lited States and/or Po<br>, I acknowledge the de<br>tral Regulations, §1.56   | sofar as the s<br>CT applicatio<br>luty to disclos<br>which becar  | subject matter of e<br>n in the manner p<br>se information wh<br>me available betv   | each of the operovided by ich is mater  | claims of<br>the first<br>ial to the  |
| Insert Prior U.S.<br>Application(s):<br>(if any)    | (Application Number)   | (F  | iling Date)   | (Stati   | ıs - patented, per   | iding, aban   | doned)  |
|   | (Application Number)   | (F  | iling Date)   | (Stati   | ıs – patented, per   | iding, aban   | doned)  |

(Rev. 05/2004)

I hereby appoint the practitioners at CUSTOMER NO. 54080 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

#### CUSTOMER NO. 54080; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| ull Name of First<br>or Sole Inventor:<br>nsert Name of<br>Inventor → | GIVEN NAME/FAMILY NAME<br>Martin JOHANSSON  | INVENTOR'S SIGNATURE  | DATE*                                    |
|---|---|---|--|
| nsert Date This Document Is Signed nsert Residence                    | Residence (City, State & Country)   |   | CITIZENSHIP<br>Sweden                    |
| nsert Keindersce<br>nsert Citizenship →                               | Södertälje, Sweden  | <del> </del>  | J. J |
| nsert Fost Office<br>Address →  | MAILING ADDRESS (Complete Street Address c/o AstraZeneca R&D Södertälje; SE-151 85 Söde   | including City, State & Country)<br>ertälje; SWEDEN                   |  |
| Full Name of Second<br>Inventor, if any:<br>see above                 | GIVEN NAME/FAMILY NAME<br>Alexander MINIDIS   | INVENTOR'S SIGNATURE  | DATE*                                    |
|   | Residence (City, State & Country)<br>Södertälje, Sweden                                   |   | CITIZENSHIP<br>Sweden                    |
|   | MAILING ADDRESS (Complete Street Address<br>c/o AstraZeneca R&D Södertälje; SE-151 85 Söd | including City, State & Country)<br>ertälje; SWEDEN                   |  |
| Full Name of Third<br>Inventor, if any:<br>see above                  | GIVEN NAME/FAMILY NAME<br>Karin STAAF   | INVENTOR'S SIGNATURE  | DATE*                                    |
|   | Residence (City, State & Country)<br>Södertälje, Sweden                                   |   | CITIZENSHIP<br>Sweden                    |
|   | MAILING ADDRESS (Complete Street Address c/o AstraZeneca R&D Södertälje; SE-151 85 Söd    | including City, State & Country)<br>ertälje; SWEDEN                   |  |
| Full Name of Fourth<br>Inventor, if any:<br>see above                 | GIVEN NAME/FAMILY NAME<br>David WENSBO  | INVENTOR'S SIGNATURE  | DATE*                                    |
|   | Residence (City, State & Country)<br>Södertälje, Sweden                                   |   | CITIZENSHIP<br>Sweden                    |
|   | MAILING ADDRESS (Complete Street Address c/o AstraZeneca R&D Södertälje; SE-151 85 Söd    | including City, State & Country)<br>lertälje; SWEDEN                  |  |
| Full Name of Fifth<br>Inventor, if any:<br>see above                  | GIVEN NAME/FAMILY NAME<br>Donald MCLEOD   | INVENTOR'S SIGNATURE  | DATE*                                    |
|   | Residence (City, State & Country)<br>Salt Lake City, Utah                                 |   | CITIZENSHIP<br>US                        |
|   | MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc.; 383 Colorow Dr    |   |  |
| Full Name of Sixth  | GIVEN NAME/FAMILY NAME  | INVENTOR'S SIGNATURE  | DATE*                                    |
| Inventor, if any:<br>see above  | Louise EDWARDS  | leturas   | Aug 30/06                                |
|   |   | <del></del>   | TOTTI TOTTI II                           |
|   | Residence (City, State & Country) Toronto, CANADA   |   | CITIZENSHIP 0 Canada                     |
|   |   | s including City, State & Country)<br>Toor; Toronto, Ontario M5G 1L8; | Canada                                   |

<sup>\*</sup>DATE OF SIGNATURE

| _   |   |                                    |                |  |
|---|---|------------------------------------|----------------|--|
| Full Name of Seventh                      | GIVEN NAME/FAMILY NAME  | INVENTOR'S SIGNATURE               | DATE*          |  |
| Inventor, if any:<br>see above            | Methvin ISAAC   | Assoc.                             | Aug 30/06      |  |
|   | Residence (City, State & Country)   |                                    | CITIZENSHIP    |  |
|   | Brampton , Canada   |                                    | Canada         |  |
|   | MAILING ADDRESS (Complete Street Address                                  | including City, State & Country)   |                |  |
|   | c/o NPS Allelix Corp.; 101 College Street, 8th Flo                        | oor, Toronto, Ontario M5G 1L8; C   | CANADA         |  |
| Full Name of Eight                        | GIVEN NAME/FAMILY NAME  | INVENTOR'S SIGNATURE               | DATE*          |  |
| Inventor, if any:<br>see above            | Anne O'BRIEN  | Clane Esseen                       | lugsof         |  |
|   | Residence (City, State & Country)   |                                    | CITIZENSHIP    |  |
|   | Toronto, Canada   |                                    | Canada         |  |
|   | MAILING ADDRESS (Complete Street Address                                  | including City, State & Country)   |                |  |
|   | c/o NPS Allelix Corp.; 101 College Street, 8th Flo                        | loor; Toronto, Ontario M5G 1L8; C  | CANADA         |  |
| Full Name of Ninth                        | GIVEN NAME/FAMILY NAME  | INVENTOR'S SIGNATURE               | DATE*          |  |
| Inventor, if any:<br>see above            | Abdelmalik SLASSI   | 55                                 | Jug & Zat      |  |
|   | Residence (City, State & Country)   |                                    | CITIZENSHIP    |  |
|   | Mississauga, Canada   |                                    | Canada         |  |
| Ì   | MAILING ADDRESS (Complete Street Address                                  | •                                  |                |  |
|   | c/o NPS Allelix Corp.; 101 College Street, 8th Fl                         | loor; Toronto, Ontario M5G 1L8; C  | CANADA         |  |
| Full Name of Tenth                        | GIVEN NAME/FAMILY NAME  | INVENTOR'S SIGNATURE               | DATE*          |  |
| Inventor, if any:<br>see above            | Tao XIN   | 760                                | Arg 30, 2006   |  |
|   | Residence (City, State & Country)   |                                    | CITIZENSHIP    |  |
|   | Woodbridge, Canada  |                                    | Canada         |  |
|   | MAILING ADDRESS (Complete Street Address including City, State & Country) |                                    |                |  |
|   | c/o NPS Allelix Corp.; 101 College Street, 8th Fl                         |                                    | CANADA         |  |
| Full Name of<br>Eleventh                  | GIVEN NAME/FAMILY NAME  | INVENTOR'S SIGNATURE               | DATE*          |  |
| Inventor, if any:<br>see above            | Tomislav STEFANAC   | Somislar Stefan                    | oe Aug 30,2006 |  |
|   | Residence (City, State & Country)   | 1                                  | CITIZENSHIP    |  |
|   | Burlington, Canada  |                                    | Canada         |  |
|   | MAILING ADDRESS (Complete Street Address including City, State & Country) |                                    |                |  |
|   | c/o NPS Allelix Corp.; 101 College Street, 8th Fi                         |                                    |                |  |
| Full Name of Twelfth<br>Inventor, if any: | GIVEN NAME/FAMILY NAME  | INVENTOR'S SIGNATURE               | DATE*          |  |
| see above                                 | Bridge (C) Co. C. C.  |                                    | CITIZENSLUB    |  |
|   | Residence (City, State & Country)   |                                    | CITIZENSHIP    |  |
|   | MAILING ADDRESS (Complete Street A 11                                     | including City State & County      |                |  |
|   | MAILING ADDRESS (Complete Street Address including City, State & Country) |                                    |                |  |
| Full Name of                              | GIVEN NAME/FAMILY NAME  | INVENTOR'S SIGNATURE               | DATE*          |  |
| Thirteenth<br>Inventor, if any:           | GIVEN NAME/ FAMILI NAME   | INVENTORSSIGNATURE                 | DATE           |  |
| see above                                 | Residence (City, State & Country)   | <u> </u>                           | CITIZENSHIP    |  |
|   | (==9,========,  |                                    |                |  |
|   | MAILING ADDRESS (Complete Street Address                                  | s including City, State & Country) | <u> </u>       |  |
|   | (-124)  | <i>5 9, 2-2</i>                    |                |  |
|   |   |                                    |                |  |

<sup>\*</sup>DATE OF SIGNATURE